# APPLICATION # 1

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

MAR 22 19 down 500 4

H 12116552

## To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFOR	RIVIA	TION			4 12010330		
A. Nature of Application:		■ New Licer	nse   Transfer of Loca	tior	□ Transfer of Ownership □ Reclassification		
B. Entity on Whose Behalf Applicat Made:	ion is	□ Corp	☐ Corporation ■ Limited Liability Company ☐ Partnership ☐ Individual				
C. Class of License Applied For: CLASS B RESTAURANT - B\	NL		D. Entity Name: PC COSTCO LLC				
E. Types of Permits Applied For:		■ Tast	ing (\$200) 🗆 Catering	3 17	Outdoor Café  Refillable Container		
(See Appendix A)					ts for Cooking  Wine Corkage		
F. Trade Name of Facility: PETER CHANG		"		1	G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be Licensed 637 N. FREDERICK AVE., GAITH							
SECTION 2: APPLICANT INFORM	ATI	ON					
Applicant A Name:		thdate:	Personal Phone Nur	nbe	er:		
JIN CAI	03-	11-1973	H:		C:434-422-2280		
Full Address: 12556 DEHRING DR., FAIRFAX, V	/A 2	2033	Years at this Addres 9 MONTHS	s:	Years as Maryland Resident: 1 AT 1923 ASHLAND AVE., #201, BALTIMORE, MD 21205		
Email Address: JIN@PETERZHANGMAMAFOOD.COM	Sex F	1 h	Place of Birth: SHANGHAI, CHINA				
If applicant is foreign-born, state:							
Immigration Card Number: 207-692-274 PERMANENT RESID	ENT	If Naturalized, City N/A	/State:	D N/	ate of Naturalization : /A		
Applicant B Name:		hdate:	Personal Phone Nun	nbe	•		
XIAODAN ZHENG	04-1	18-1990	H:		C: 301-401-8554		
Full Address: 17206 AMITY DR., DERWOOD, M	D 20	855	Years at this Address: Years as Maryland Resident: 10				
Email Address: XIAODANZHENG822@GMAIL.COM	Sex F	;	Place of Birth: GUANGDONG, CHINA				
If applicant is foreign-born, state:							
Immigration Card Number: NATURALIZATION CERT. #44667	820	If Naturalized, City BALTIMORE	/State:		ate of Naturalization : 3-14-2023		
					· · · · · · · · · · · · · · · · · · ·		
Applicant C Name: N/A	Birt	hdate:	Personal Phone Nun H:	nbe	er: C		
Full Address:			Years at this Address	s:	Years as Maryland Resident:		
Email Address:	Sex	•	Place of Birth:				
If applicant is foreign-born, state:							
Immigration Card Number:		If Naturalized, City	/State:	D	ate of Naturalization:		
INIOTE: ALL APPLICANTS WILL F	e ue	OCAETED DEEEDDEN	TO BY THE LETTER A	D	AB C ABCCCORIC THE BALL TO THE		

(NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMA	ATION N/A	,					
A. Qualifying Maryland Resident (Indica	te with X)		☐ Applicant A ☐ Applicant B ☐ Applicant C				
B. Name and Full Address of Corporation	n:						
C. Incorporated Under State Laws of:			D. Month and Y	ear:			
E. Authorized Capital:	F. Number of Shar	res Authorized:	G. Number of S	hares Issued:			
Stockholders (Include all layers equaling 1	.00% owned by indi	/iduals and/or publi	cly traded, use ac	Iditional sheet if necessary)			
Name (A):	Full Address:			Shares Owned:			
Name (B):	Full Address:			Shares Owned:			
Name (C):	Full Address:			Shares Owned:			
Corporate Officers:							
Name (A):	Full Address:			Title:			
Name (B):	Full Address:			Title:			
Name (C):	Full Address:			Title:			
SECTION 4: LIMITED LIABILITY CORPO		T		<u>'</u>			
B. Name and Full Address of LLC:	e will A)	C. Authorized Pe		ant B □ Applicant C			
PC COSTCO LLC 637 N. FREDERICK AVE., GAI	THERSBURG, MD 2087		2				
D. Organized Under State Laws of: MARYLAND		E. Month and Ye JULY 2023	ar:				
Percentage of Ownership Interest of LLC (	Use additional sheet	if necessary):					
Name (A): JIN CAI	Full Address: 1923 ASHLAND A\	/E., #201, BALTIM	ORE, MD 21205	Percentage: 34			
Name (B): XIAODAN ZHENG	Full Address: 17206 AMITY DRIV	/E, DERWOOD, MI	D 20855	Percentage: 33			
Name (C): LISA ZHENG	Full Address: 22651 CLARKSBUF	RG RD., CLARSKB	URG, MD 20871	Percentage: 33			
SECTION 5: PARTNERSHIP INFORMAT	ΓΙΟΝ						
A. Name and Full Address of Partnership	:						
C. Date on Which Partnership was Forme	d:	D. In Which State:					
Percentage of Ownership Interest of Partn	ership (Use addition	nal sheet if necessar	y):				
Name (A):	Full Address:			Percentage:			
Name (B):	Full Address:			Percentage:			
Name (C):	Full Address:			Percentage:			
Indicate Who are the General Partners:		□ Applicant A □	Applicant B □ Ap	plicant C			
Indicate Maryland Residents:			Applicant B □ Ap				

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A. Detailed description and total square f	ootage of the portion of the building for which license is sought (ex. Free standing,
located in strip mall, restaurant, seating, b	
Free-standing building containing a 4000 S	SF full-service restaurant with seating for dining, no seated bar, only a "service bar."
B. Who Will be in Charge of Day-to-Day Op JIN CAI	perations (General Manager):
C. Phone Number of Establishment: NONE YET	D. Type of Facility/Facility Concept: TABLE-SERVICE RESTAURANT FEATURING AUTHENTIC CHINESE CUISINE
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:
UNKNOWN - UNDER CONSTRUCTION	MONDAY-THURSDAY 11AM-11PM
WILL UPDATE BOARD OFFICE AS	FRIDAY-SUNDAY 11AM-2AM (2AM OPTION IN CASE OF EVENTS)
POSSIBLE	

SECTION 7: LICENSE TRANSFER (COMPLET)	E ONLY IF TRANSFERRING A LICE	NSE) N/A
A. Names of all Current License Holders:	B. Date Facility Began Operating:	
1) 3)		
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Be	ing Transferred:

## **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
HC & Chang House LLC	443-878-4811	4500 East-West Hwy., Suite 100, Bethesda, MD 20814
D. Date Lease Made: APRIL 1, 2024		E. Date Lease Expires: MARCH 30, 2034
F. State Renewal Options, if any: TWO 5-YEAR OPTIONS		

## SECTION 9: APPLICANT QUESTIONAIRE

## Has any applicant ever been:

1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	☐ YES ■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	☐ YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it w	as held:
7. Does any applicant or person with an expression interest in this facility, house of face side interest in the	1
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	☐ YES ■ NO
if YES, state the name of the applicant, name and address of licensed premises and ownership and add the da	tes the license
was held:	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	□ YES ■ NO
If YES, state name and the financial interest owned:	

Address of Property Owner

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

any and all parts thereof upon and in which said facility is to be con	ducted.
Affidavit:	
"By signing this application, I do solemnly declare and affirm under to true and correct to the best of my knowledge, information, and believed.  (A)	he penalties of perjury that the contents of the foregoing document are
Signature of Applicant	
(B) A	half-half-representative data data proprietative control status
Signature of Applicant	
(C)	
Signature of Applicant	
(D)	
(FC	OR CORPORATION APPLICATIONS ONLY) Corporate President Signature
be permitted by law, and I do hereby grant permission to the State C	e said property for the sale thereon of such alcoholic beverages as may comptroller, his duly authorized deputies, inspectors and clerks, the thorized agents and employees, and any peace officer of Montgomery
Affidavit:	
"By signing this application, I do solemnly declare and affirm under the true and correct to the best of my knowledge, information, and belie	ne penalties of perjury that the contents of the foregoing document are f."
KEVIN HUANG / HC & CHANG HOUSE, LLC	
Signature of the Property Owner	
Printed Name of Property Owner	
ARON EAST MEST HAVE SHITE AND DETHERDA AND 2004	4 440 070 4044

Phone of Property Owner

# APPLICATION # 2

Extract from Law: If any official as well in the contract of t

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

This is a shift of tyle in the

Τo	the Board	of	License	Commissioners	for	Montgomery	/ County	ν:
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SECTION 1: LICENSE TYPE IN	FORMATI	JN			# 1170498	
A. Nature of Application:		■ New Ling	ne Transferette	matio	n Fransfer of Ownership Reclassification	
B. Entity on Whose Behalf App Made:	lication is	■ Cor	porstice Lynned	Liabiti	Company Partnership Individual	
C. Class of License Applied For: Class B (B/W/L)			D. Entity Name: Akira Gai Inc			
E. Types of Permits Applied For (See Appendix A)	:	[e]	ung (5200) - Cater Retail Delivery		OurdoorCate Retillable Container ts for Cooking Wine Corkage	
F. Trade Name of Facility: Akira Ramen & Izakaya					G. Is Business a Franchise?	
H. Address of Facility to be Lice 105 Paramount Park Dr, Gaithe						
SECTION Z: APPLICANT INFO			,			
Applicant A Name: Guangjie Sun	Birthd 04/17/		Personal Phone N H: 410855208		C:	
Full Address: 5712 Whistling Winds Walk, Cla	rksville, MC	21029	Years at this 6.1.	C55:	Years as Maryland Resident: 7	
Emaîl Address: sun2003@gmail.com	Sex: male		Place of section Xinmi, China			
If applicant is foreign-born, state	:					
Immigration Card Number: 34734880		Naturalize ( ) in ston, MA	/State:		ate of Naturalization; )/18/2012	
Applicant B Name: FAN LI	Birthd 02/14/1		Personal Phone N	umbe	er: © 716-310-5652	
Full Address: 11750 CHAPEL ESTATES DR,	CLARKSVI	LLE, MD 21029	Years at this Adds	ess:	Years as Maryland Resident:	
Email Address: WYANG0608@GMAIL.COM	Sex: MALE		Place of Birth: TAIYUAN, CHINA			
f applicant is foreign-born, state						
Immigration Card Number: 204856685		Naturalized, City Itimore, MD	/State:		ate of Naturalization : // <b>22/2019</b>	
Applicant C Name:	Birthda	ate:	Personal Phone N	umbe		
Full Address:		U.	H: Years at this Addr	ess:	C Years as Maryland Resident:	
Email Address:	Sex:		Place of Birth:			
f applicant is foreign-born, state:						
Immigration Card Number:	Ifi	Vaturalized City	/State:	D	ate of Naturalization	

## (NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3. CORPORATION INFORMATION A. Qualifying Maryland Resident (Indicate with X) A Inchidas A Applicant C B. Name and Full Address of Corporation: AKIRA GAI INC, 105 PARAMOUNT PARK DR, GAITHERSBURG, MD 20879 C. Incorporated Under State Laws of: D. Month and Year: **MARYLAND** MARCH, 2023 E. Authorized Capital: E. Number of Shares Authorized G. Number of Shares Issued \$600,000 Stockholders (Include all layers equaling 100% owned by individuals and/or publicly traded, use additional sheet if necessary) Name (A): Full Address: Shares Owned: Guangile Sun 5712 whistling winds walk, clarksville, md 21029 Name (B): Full Address: Shares Owned: Fan Li 11750 CHAPEL ESTATES DR, CLARKSVILLE, MD 21029 Name (C): Full Address: Shares Owned: Corporate Officers: Name (A): Full Address: president 1750 Chapel Estates Dr. Clarkesulle MD Lan Name (B): Full Address: Grane Name (C): Full Address: Title: SECTION 4 LIMITED HABIEITY CORPORATION INFORMATION A. Qualifying Maryland Resident (Indicate with X) Applicant C B. Name and Full Address of LLC: C. Authorized Persons of LLC D. Organized Under State Laws of: L. Month and Year: Percentage of Ownership Interest of LLC (Use additional sheet if necessary): Name (A): Full Address: Percentage: Name (B): Full Address: Percentage: Name (C): Full Address: Percentage: SECTION 5: PARTNERSHIP INFORMATION A. Name and Full Address of Partnership: C. Date on Which Partnership was Formed: D. In Which States Percentage of Ownership Interest of Partnership (Use additional sheet if necessary): Name (A): Full Address: Percentage: Name (B): Full Address: Percentage: Name (C): Full Address: Percentage: Indicate Who are the General Partners: Applicant A Indicate Maryland Residents: Арриталі В Applicant 6

## SECTION 6: ESTABLISHMENT INFORMATION

A. Detailed description and total square located in strip mall, restaurant, seating, The restaurant is 2800 square feet and ha				
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Guangjie Sun				
C. Phone Number of Establishment: (410) 969-8040	D. Type of Facility /Facility Concept: Restaurant			
E. Date Applicant will Begin to Operate: Nov 10, 2023	F. Days and Hours of Operation: 1130 to 1030 everyday			

SECTION 7: LICENSE TRANSFER (COMPLETE DILLY II TRAILSTEARING U.D. (AST)

A. Names of all Current License Holders:		B. Date Facility Began Operating:
1) 2)	3)	
C. Location of Current Licensed Facility:	D. Location to Which License	Is Being Transferred:

## SECTION 8: LEASED PREMISES

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:		
BPTC ONE, LLC 301-850-2234		226 Spectrum Avenue, Gaithersburg, MD 208		
D. Date Lease Made:		F. Date Lease Expires:		
October 31, 2019		<b>November 30, 2033</b>		
F. State Renewal Options, if any:				
One (1) five year	ption			

## SECTION 9: APPLICANT QUESTIONAIRE

If YES, state name and the financial interest owned:

## Has any applicant ever been:

1. Convicted of a felony?	YES	■ NO.
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	YES	■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	YES	■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	YES	■ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	YES	■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES	NO
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied	■ YES	NO
·	■ YES	NO
for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?		
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	tes the li	cense
Guangjie Sun, Hot Pot Hero, 110 paramount park drive, MD 20879. Since 2019; Chef Lees Element, 521 QUince Orchard Rd, Gaither Chef Iees Element License since 2022	sburg, MD	20878

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter conveyor grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereofupon and in which said facility is to be conducted.

Affidavit:			
"By signing this application, I do solemnly declare and true and correct to the best of my knowledge, information		erjury that the content	s of the foregoing document are
(A) Luangie Sun			
Signature of Applicant			
(B) Fan Li			
Signature of Applicant			
(C)			
Signature of Applicant	(D)	+	Fan Zi
		N APPLICATIONS ONLY)	Corporate President Signature
be permitted by law, and I do hereby grant permission Board of License Commissioners for Montgomery Cou County to inspect and search at any and all hours, with facility is to be conducted.  Affidavit:	inty, its duly authorized agents a	and employees, and any	peace officer of Montgomery
"By signing this application, I do solemnly declare and true and correctto the best of my knowledge, informa		rjury that the contents	of the foregoing document are
Peter J. Henry		-	
Signature of the Property Owner			
BPTC One, LLC By: Peter J. Henry,	, Co-Manager		
Printed Name of Property Owner 226 Spectrum Ave, Gaithersburg,	MD 20879 202-494-1	311	
Address of Property Owner	Phone of Property Owne	712	

# APPLICATION # 3

**Extract from Law:** If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)

## To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFORM	/ATIO	N #1	1230498	FEB:25*24 px 4:5)		
A. Nature of Application:		■ New Licer	License 🗆 Transfer of Location 🗆 Transfer of Ownership 🗆 Reclassificati			
B. Entity on Whose Behalf Application Made:	n is	□ Corporation ■ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For: Class B (beer, wine & liquor on	sale;	BBWLHR)	D. Entity Name: LHR) El Tenampa III, LLC			
E. Types of Permits Applied For:		□ Tast	sting (\$200) ■ Catering ■ Outdoor Café □ Refillable Container			
(See Appendix A)			□ Retail Delivery □ Spirits for Cooking ■ Wine Corkage			
F. Trade Name of Facility: Chido's Tex-Mex Grill		· ·		G. Is Business a Franchise? ☐ YES ■ NO		
H. Address of Facility to be Licensed (1931 Ellsworth Driver, Silver Spr						
SECTION 2: APPLICANT INFORMA	TION					
- All lactions and a second a second and a second a second and a second a second and a second an	Birthd:		Personal Phone Num			
	1/15/	1973	H:	C:(202) 360-8680		
Full Address: 16904 Harbour Town Drive, Asl			2 years, 7 months	7.000.000.000		
1			Place of Birth: Barranquilla, Colomb			
If applicant is foreign-born, state:						
		Naturalized, City Iltimore/MD		Date of Naturalization: August 10, 2015		
Applicant B Name:	Birthda	ate:	Personal Phone Num H:	ber: C:		
Full Address:			Years at this Address: Years as Maryland Resident:			
Email Address:	ex:		Place of Birth:			
If applicant is foreign-born, state:						
		Naturalized, City	/State:	Date of Naturalization:		
Applicant C Name:	Birthda	ite:	Personal Phone Number: H: C			
Full Address:			Years at this Address	: Years as Maryland Resident:		
Email Address:	ex:		Place of Birth:			
If applicant is foreign-born, state:						
Immigration Card Number: If Naturalized, City/State: Date of Naturalization:			Date of Naturalization:			

## (NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

## **SECTION 3: CORPORATION INFORMATION**

SECTION 5: CORPORATION INFORM					
A. Qualifying Maryland Resident (Indica			☐ Applicant A ☐	Applicant B 🗆 Applicant C	
B. Name and Full Address of Corporation	n:				
C. Incorporated Under State Laws of:			D. Month and	/ear:	
				- A	
E. Authorized Capital:	F. Number of Sha	res Authorized:	G. Number of S	er of Shares Issued:	
Stockholders (Include all layers equaling 1	1 100% owned by indi	viduals and/or pub	olicly traded . use a	dditional sheet if necessary)	
Name (A):	Full Address:			Shares Owned:	
(7)	- 4 - 1 -				
Name (B):	Full Address:	Full Address: Shares Owned:			
Name (C):	Full Address:			Shares Owned:	
Corporate Officers:  Name (A):	Full Address:			Title:	
Name (A).	ruii Audiess.			Title:	
Name (B):	Full Address:			Title:	
Name (C)	Full Address:			Webs I	
Name (C):	ruli Adaress:			Title:	
SECTION 4: LIMITED LIABILITY CORPO		IATION			
A. Qualifying Maryland Resident (Indicat	e with X)	■ A	pplicant A 🗆 Applic	ant B □ Applicant C	
B. Name and Full Address of LLC:		C. Authorized I			
El Tenampa III, LLC; 14600 Laurel Place	, Laurel, MD 20707	Fidel Isi	nardo Rir	ncon	
D. Organized Under State Laws of:		E. Month and \			
Maryland	I I I I I I I I I I I I I I I I I I I	December 20	023		
Percentage of Ownership Interest of LLC (Name (A):	use additional shee Full Address:	t if necessary):		Double	
	16904 Harbour Tow	n Drive, Ashton, M	/ID 20861	Percentage: 100%	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Davida de la companya della companya della companya de la companya de la companya della companya	
reatife (C).	ruii Audiess.			Percentage:	
1					
SECTION 5: PARTNERSHIP INFORMAT					
A. Name and Full Address of Partnership					
C. Date on Which Partnership was Forme	d:	D. In Which State:			
		and a factor of the second			
Percentage of Ownership Interest of Partn Name (A):	Full Address:	nal sheet if necessa	ary):	Dorsontage	
radine (24).	ruii Address.			Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Dansandan	
Name (C):	ruii Audress:			Percentage:	
Indicate Who are the General Partners:		□ Applicant A	□ Applicant B □ Ap	nlicant C	
			con ispanioning or mark	piicani C	

## **SECTION 6: ESTABLISHMENT INFORMATION**

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing, located in strip mall, restaurant, seating, beer/wine, etc.): A 7,619 sq. ft. restaurant within "Downtown Silver Spring/Gateway Plaza"; approx. 160-180 seats; plans to sell beer, wine, and liquor.				
B. Who Will be in Charge of Day-to-Day Operations (General Manager): Fidel I. Rincon				
C. Phone Number of Establishment: Not yet open.	D. Type of Facility/Facility Concept: Full-service Tex-Mex restaurant with full service bar.			
E. Date Applicant will Begin to Operate: July 1, 2024 (approx.)	F. Days and Hours of Operation:  Mon-Wed, 11:00 am to 10:00 pm; Thu, 11:00 am to 11:00 pm;  Fri, 11:00 am to 12:00 am; Sat, 10:30 am to 12:00 am; Sun, 10:30 am to 10:00 pm.			

## SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders:		B. Date Facility Began Operating:
1) 3)		
2)		
C. Location of Current Licensed Facility:	D. Location to Which License is Bei	ng Transferred:

## **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
PFA-C SILVER SPRING, LC	C/o The Peterson Companies; (703) 227-2000	12500 Fair Lakes Circle, Ste. 400, Fairfax, VA 22033
D. Date Lease Made: On or about January 16, 2024		E. Date Lease Expires: approx. June 1, 2034
F. State Renewal Options, if any: One 5-year renewal.		

## **SECTION 9: APPLICANT QUESTIONAIRE**

Has any applicant ever been:

<ol> <li>Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?</li> <li>Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?</li> <li>Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?</li> <li>Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?</li> <li>Has any applicant ever had a license for the sale of alcoholic beverages?</li> </ol>	☐ YES ■ NO ☐ YES ■ NO ■ YES ☐ NO
<ul><li>4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?</li><li>5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?</li></ul>	-
traffic offense?  5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	■ YES □ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	☐ YES ■ NO
t - E t	□ YES ■ NO
If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was	as held:
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other	
facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?	YES a NO
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the da was held:	tes the license
Fidel I. Rincon, owner of Chido's Tex-Mex Restaurant located at 14600 Laurel Place, Laurel, MD 20707, license	ed since 2016.
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	□ YES ■ NO
If YES, state name and the financial interest owned:	

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:			
"By signing this application, I do solemnly declar true and correct to the best of my knowledge,  (A)		ury that the contents	of the foregoing document ar
Signature of Applicant			
(C)			
Signature of Applicant			
	(D)		
	(FOR CORPORATION A	APPLICATIONS ONLY)	Corporate President Signature
be permitted by law, and I do hereby grant per Board of License Commissioners for Montgome County to inspect and search at any and all hou facility is to be conducted.  Affidavit:  "By signing this application, I do solemnly declar true and correct to the best of my knowledge, in	ery County, its duly authorized agents and argurs, without warrant, the premises and an argure and affirm under the penalties of perj	l employees, and any py and all parts thereof	peace officer of Montgomery f upon and in which said
Signature of the Property Owner  Printed Name of Property Owner			
Address of Property Owner	Phone of Property Owner		

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, be/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and cierks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:
"By signing this appaciation, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and corrects the basis of my knowledge, information, and belief?"  Signature of Application.
Signature of Applicant
Signature of Applicant
(D)  IFOR CORPORATION APPLICATIONS ONLY) Corporate Prevident Signature

The state of the s

22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage idease and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employeds, and any peace officer of Montgomery County to inspect and search as any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Property Owner:

PFA-C SILVER SPRING, LC, a Maryland limited liability company

By: PFA Silver Spring Manager, LC, a Maryland limited liability company, its Manager

Title: FP-Argo Group Manager

Address:

12435 Park Potomac Ave. Ste. 200

Potomac, MD 20854

Telephone: (240) 499 -9600

Title: Peterson Group Manager

Address:

12500 Fair Lakes Cir., Ste. 400

Fairfax, VA 22033

Telephone: (703) 277-2000

# APPLICATION # 4

**Extract from Law:** If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE



(PLEASE PRINT OR TYPE IN INK)

## To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

SECTION 1: LICENSE TYPE INFOR	RMA	TION		*	(1205504	
A. Nature of Application:		■ New License □ Transfer of Location □ Transfer of Ownership □ Reclassification				
B. Entity on Whose Behalf Application is Made:		□ Corporation ■ Limited Liability Company □ Partnership □ Individual				
C. Class of License Applied For:	r		D. Entity Name: NFBG, LLC			
E. Types of Permits Applied For: (See Appendix A)				■ Catering ■ Outdoor Café Refillable Container livery Spirits for Cooking ■ Wine Corkage		
F. Trade Name of Facility: Normandie Farm						
G. Address of Facility to be License 10710 Falls Road Potomac, MD 20		P.O. Box):				
SECTION 2: APPLICANT INFORM	_					
Applicant A Name: Ian Hilton		irthdate: Personal Phone Number: arch 3, 1972 H: 202-286-0582 C:				
Full Address: 2413 N Vermont Street Arlington, \	/A 2			ars as Maryland Resident:		
Email Address: ihilton1@gmail.com	Sex Ma	••	Place of Birth: Washington, DC. USA			
If applicant is foreign-born, state:						
Immigration Card Number:	ration Card Number: If Naturalized,		ity/State: Date of Naturalization		f Naturalization:	
Applicant B Name: Richard Eric Hilton	1	rthdate: Personal Phone Nu /25/1965 H: 202-286-0				
Full Address: 2318 California St NW Washington	DC	20008	Years at this Address 4	: Yea	ars as Maryland Resident:	
Email Address: eh@eslmusic.com			Place of Birth: Washington DC			
If applicant is foreign-born, state:						
Immigration Card Number:		If Naturalized, City	/State:	Date of Naturalization:		
Applicant C Name: Jamima Staples		thdate: Personal Phone Num 26/1996 H: 202-286-058				
Full Address: 1241 Danielle drive Frederick md 2	1703	3	Years at this Address 1 year	s: Years as Maryland Resident: 13 years		
Email Address: jamimastaples@gmail.com	Sex Fen	:: nale	Place of Birth: Myanmar			
If applicant is foreign-born, state:	-					
Immigration Card Number:		If Naturalized, City	/State:	Date	f Naturalization:	

Baltimore, MD

November of 2016

## (NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

<b>SECTION 3: CORPORATION INFORMA</b>	ATION				
A. Qualifying Maryland Resident (Indicat	e with X)			□ Applicant A □ A	Applicant B □ Applicant C
B. Name and Full Address of Corporation	1;				•
C. Incorporated Under State Laws of:				D. Month and Y	ear:
E. Authorized Capital:	F. Number of Shar	res Authorized:		G. Number of Sh	nares Issued:
				0	101 CJ 1330 CU.
Stockholders (Include all layers equaling 1		/iduals and/or p	oublic	ly traded, use ad	ditional sheet if necessary)
Name (A):	Full Address:				Shares Owned:
Name (B):	Full Address:				Shares Owned:
Name (C):	Full Address:				Shares Owned:
Corporate Officers:					
Name (A):	Full Address:				Title:
Name (B):	Full Address:				Title:
Name (C):	Full Address:				Title:
SECTION 4: LIMITED LIABILITY CORPC	PRATION INFORM	IATION			
A. Qualifying Maryland Resident (Indicat	e with X)				ant B ■ Applicant C
B. Name and Full Address of LLC:		C. Authorize	ed Pe	rsons of LLC	
NFBG, LLC 104 Thompson Road, Cheste	er, MD, 21619	Ian Hilto	n, Ric	chard Hilton, Jam	ina Staples
D. Organized Under State Laws of: MD		E. Month ar January 202		ar:	
Percentage of Ownership Interest of LLC (	Jse additional sheet	t if necessary):			
l ' '	Full Address: 2413 N Vermont Str	reet Arlington, \	VA 22	2207	Percentage: 25%
	Full Address: 2318 California St N	NW Washington	n DC	20008	Percentage: 25%
Name (C):	Full Address: 3050 Chain Bridge R				Percentage: 25%
	PO Box 5443 Hernd		- Ciric	2X, VIIGIIII 22000	25%
SECTION 5: PARTNERSHIP INFORMAT					
A. Name and Full Address of Partnership	:				
C. Date on Which Partnership was Forme	d:	D. In Which Sta	ate:		
Percentage of Ownership Interest of Partn	ership (Use addition	nal sheet if nece	essary	/):	
Name (A):	Full Address:				Percentage:
Name (B):	Full Address:				Percentage:
Name (C):	Full Address:				Percentage:
Indicate Who are the General Partners:		☐ Applican	t A 🗆	Applicant B □ Ap	plicant C

 $\Box$  Applicant A  $\Box$  Applicant B  $\Box$  Applicant C

**Indicate Maryland Residents:** 

SECTION 6: ESTABLISHMENT INFO	RMAT	TION					
A. Detailed description and total squ							
located in strip mall, restaurant, seati There are several components to this business that will be acti- garden and additional outdoor event space. Subsequent additi-	ng, be	er/wir r time. Initi	ne, etc.): ially we will open as an even	nt space with a smal	restaura	ant component on the interior. Next we intend	to add an outdoor beer
B. Who Will be in Charge of Day-to-Da General Manager position not filled in	у Оре	eration					JB-PART
C. Phone Number of Establishment: 202-813-3196			pe of Facility/Facility/Facility/Facility		t:		The Africa
E. Date Applicant will Begin to Operat	e:	F. Day	s and Hours of O	peration:			
March 2024			7 days a week, 7	7am – 2am c	laily	·	
SECTION 7: LICENSE TRANSFER (CC	MPLI	ETE O	NLY IF TRANFE	RRING A L	.ICEN	ISE)	
A. Names of all Current License Holder						B. Date Facility Began Oper	ating:
1)		3)					
2)		To	N. A	7.1.17			
C. Location of Current Licensed Facility	/: 		). Location to Wh	ich License	is Bei	ing Transferred:	
SECTION 8: LEASED PREMISES							
A. Name of Property Owner:	B. Ph	none N	umber of Proper	ty Owner:	C. F	ull Address of Property Owne	er:
NORMANDY FARMS JOINT VENTURE,	202-	-669-	7399			01 Stanmore Drive, Potom	
D. Date Lease Made: 12/10/2021						ate Lease Expires: rst Lease Year shall bend twelve (12)	full calendar months
F. State Renewal Options, if any: Each Lease Year shall commence on the day following the ex	piration of	f the prece	eding Lease Year and shal	l end at the expirat			
, and the second			•			(, valenda internal and outline of, in our	ilor, tro Expiration Date.
<b>SECTION 9: APPLICANT QUESTION</b>	AIRE						
Has any applicant ever been:							,
1. Convicted of a felony?							□ YES ■ NO
2. Found guilty of violating the laws go							□ YES ■ NO
3. Found guilty of violating the laws fo							□ YES ■ NO
4. Found guilty of any offense against the traffic offense?	he lav	ws of t	he State of Mary	land or the	Unite	d States other than a minor	□ YES ■ NO
5: Has any applicant ever had a license	for th	ne sale	of alcoholic bev	erages susp	ende	d or revoked?	□ YES ■ NO
6. Has any applicant ever had a license	for th	ne sale	of alcoholic bev	erages?			■ YES □ NO
If YES, state name of applicant, name of	of facil	lity, ad	dress for which	license was	held,	and the dates for which it w	
Please see attached docume	nt la	bele	d "Previous I	icenses"	1		
7: Does any applicant or person with a		-					
facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?					□ YES ■ NO		
If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the license							
was held:							
O. Dans and manage of how the set of			Attorney t			alasta Rabana e	
<ol><li>Does any person other than the ap applied for, or in the facility to be cond</li></ol>			-		1 this	alcoholic beverage license	□ YES ■ NO
If YES, state name and the financial int							

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.
Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."  (A)
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signatur
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.
Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."
Harry Sporidis
Signature of the Property Owner
Printed Name of Property Owner
Address of Property Owner Phone of Property Owner

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized

deputies, inspectors and clerks, the Board of	mery County to inspect and search at an	
Affidavit:		
true and correct to the best of my knowledge,  (A)  A8870363713C4CE  Signature of dan phic cyst	, information, and belief."	jury that the contents of the foregoing document are
Signature of Applicant	(D)	
alcoholic beverage license and that I hereby co be permitted by law, and I do hereby grant pe Board of License Commissioners for Montgom	onsent to the use of the said property for rmission to the State Comptroller, his dul ery County, its duly authorized agents an	perty named in the foregoing application for an the sale thereon of such alcoholic beverages as may y authorized deputies, inspectors and clerks, the d employees, and any peace officer of Montgomery my and all parts thereof upon and in which said
true and correct to the best of my knowledge,		ury that the contents of the foregoing document are
Harry Sporidis		
Signature of the Property Owner Harry Sporidis		
Printed Name of Property Owner Harry Sporidis	2026697399	
Address of Property Owner	Phone of Property Owner	

## APPLICATION # 5

Extract from Law: If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE



# 1129447

(PLEASE PRINT OR TYPE IN INK)

To the Board of License Commissioners for Montgomery County:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

<b>SECTION 1: LICENSE TYPE INFO</b>	RMA	TION			H 1129441
A. Nature of Application:			nse 🗆 Transfer of Loca	tio	n □ Transfer of Ownership □ Reclassification
B. Entity on Whose Behalf Applicat	s m Cor	■ Corporation □ Limited Liability Company □ Partnership □ Individual			
C. Class of License Applied For: B(BWL)			D. Entity Name: Kura Sushi USA ,Ir	nç	
E. Types of Permits Applied For:		□ Tas	ting (\$200) 🗆 Catering	3 🗆	Outdoor Café 🗆 Refillable Container
(See Appendix A)			🗆 Retail Delivery 🗆 St	oiri	ts for Cooking □ Wine Corkage
F. Trade Name of Facility: Kura Revolving Sushi Bar					G. Is Business a Franchise? ☐ YES ■ NO
H. Address of Facility to be License 12266 Rockville Pike Rockville Ma					
SECTION 2: APPLICANT INFORM	IATIO	ON			
Applicant A Name:	1	thdate:	Personal Phone Nun	nbe	
Jeffrey J. Uttz	02/2	26/1969	H: N/A		C: (949) 773-9216
Full Address: 110 Clark Rd., Bernardsville, NJ 0	7924	-1014	Years at this Addres 1 year	s:	Years as Maryland Resident: N/A
Email Address:	Sex	<b>(:</b>	Place of Birth:	Т	·
j.uttz@kurausa.com	М		Long Beach, CA		
If applicant is foreign-born, state:					
Immigration Card Number: N/A		If Naturalized, City N/A	/State:	D N/	ate of Naturalization: /A
[				_	
Applicant B Name: Arlene E. Petokas		hdate: 24/1969	Personal Phone Num H: N/A	nbe	er: C: (949) 322 - 3252
Full Address: 5015 Alcorn Lane Irvine CA 92603			Years at this Address: Years as Maryland Resident: N/A		Years as Maryland Resident: N/A
Email Address:	Sex	•	Place of Birth:		A
a.petokas@kurausa.com	F		Long Beach, CA		
If applicant is foreign-born, state:					
Immigration Card Number: N/A		If Naturalized, City N/A	/State:	D: N/	ate of Naturalization : 'A
Applicant C Name: Bryce M. Ziskind		hdate: 4/1990	Personal Phone Number: H: N/A C 443-243-0066		
Full Address: 133 Ravenswood Court, Joppa, MD 21085		Years at this Address: Years as Maryland Resident: 33			
Email Address: Sex: bziskind@rmmr.com Male			Place of Birth: Baltimore, MD		
f applicant is foreign-born, state:			Name of the last o		
Immigration Card Number: N/A		If Naturalized, City, N/A		Da N/A	ate of Naturalization: A
(NOTE: ALL APPLICANTS WILL BE HEREAFTER REFE				_	

## (NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

A. Qualifying Maryland Resident (Indicate)	ate with X)		☐ Applicant A ☐	Applicant B ■ A	pplicant C
B. Name and Full Address of Corporation	on:				pp
Kura Sushi USA, Inc.;	17461 Deria	an Ave, Su	uite 200,	Irvine, C	A 92614
C. Incorporated Under State Laws of: Delaware			D. Month and October 2017	Year:	
E. Authorized Capital: 1,350,000	F. Number of Share 12,000,000	· ·	G. Number of 9 11,147,176		
Stockholders (Include all layers equaling		duals and/or public	cly traded, use a	dditional sheet i	f necessary)
Name (A): Kura Sushi Inc.	Full Address: 1-2-2 Fukasaka Nak	a-Ku Saki-Shi, Os	aka 599-8253	Shares Owne 54.53% (Tokyo	d: Stock Exchange
Name (B): Cede & Company	Full Address: 21 Via Puesto, San (	Clemente, CA 926	373	Shares Owne 45.47%(NAS	
Name (C):	Full Address:			Shares Owne	d:
Corporate Officers:					
Name (A): Jeffrey J. Uttz	Full Address: 110 Clark Rd., Berna	ardsville, NJ 07924	-1014	Title: Chief Financia	al Officer
Name (B): Arlene E. Petokas	Full Address: 5015 Alcorn Lane, In	vine, CA 92603		Title: Chief People	Officer
Name (C): Bryce Ziskind	Full Address: 133 Ravenswood Co	urt, Joppa, MD 21	1085	Title: Compliance C	Officer
A. Qualifying Maryland Resident (Indica B. Name and Full Address of LLC:	tewith X)	C. Authorized Per	olicant A 🗆 Applicant A no Applicant Applicant Discours of LLC	cant B □ Applica	nt C
D. Organized Under State Laws of:		E. Month and Yea	ar:		
Percentage of Ownership Interest of LLC (	Usa additional chaot if	i n a a a c a mulu			
Name (A):	Full Address:	necessary);		Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
SECTION 5: PARTNERSHIP INFORMA	TION				
A. Name and Full Address of Partnership					
C. Date on Which Partnership was Forme	ed: D.	. In Which State:			
Percentage of Ownership Interest of Partr	nership (Use additional	sheet if necessary	1:		
Name (A):	Full Address:		,-	Percentage:	
Name (B):	Full Address:			Percentage:	
Name (C):	Full Address:			Percentage:	
Indicate Who are the General Partners:		☐ Applicant A ☐ A			
Indicate Maryland Residents:		☐ Applicant A ☐ A	Applicant B 🗆 App	plicant C	

SECTION	6. FSTA	RUSHMENT	INFORMATION

	footage of the portion of the building for which license is sought (ex. Free standing,			
located in strip mall, restaurant, seating, k				
Approximately 3,325 sq ft restaurant local	ted within existing commercial strip shopping center.			
B. Who Will be in Charge of Day-to-Day O John Lee	B. Who Will be in Charge of Day-to-Day Operations (General Manager):			
C. Phone Number of Establishment:	D. Type of Facility/Facility Concept:			
TBD Restaurant serving sushi & other Japanese cuisine.				
E. Date Applicant will Begin to Operate:	F. Days and Hours of Operation:			
July 2024 Monday - Saturday 11:30am-9pm				
	Sunday 10am-9pm			

SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders:  1) N/A  2)	3)	B. Date Facility Began Operating:
C. Location of Current Licensed Facility:	D. Location to Which License is Bei	ng Transferred:

## **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Federal Realty OP LP	301-998-8100	909 Rose Ave Suite 200 North Bethesda MD 20852
D. Date Lease Made: 08/17/2023		E. Date Lease Expires: 07/31/2033
F. State Renewal Options, if any: Two 5-year options.		

## **SECTION 9: APPLICANT QUESTIONAIRE**

Has any applicant ever been:

nas any applicant ever been:	
1. Convicted of a felony?	□ YES ■ NO
2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	☐ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?	☐ YES ■ NO
4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?	□ YES ≡ NO
5: Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?	□ YES ■ NO
6. Has any applicant ever had a license for the sale of alcoholic beverages?	■ YES □ NO
7: Does any applicant or person with an ownership interest in this facility have a financial interest in any other	
Mr. Ziskind has held the Not Your Average Joe's license (10400 Old Georgetown Rd, 6A, Bethesda, MD 20814)	since 8/22/23.
facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?  If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dawas held:	☐ YES ■ NO
N/A	
8: Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	■ YES □ NO
If YES, state name and the financial interest owned:	

Kura Sushi USA, Inc. is publicly traded on NASDAQ.

21. CERTIFICATE Of APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter conveyor grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and derks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

employees, and any peace officer of Montgomery County to Inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.
Affidevit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and conject to the best of my knowledge, information, and belief."  (A)  Signature of Applicant  (B)
Signature of Applicant
(c) 31 41
Signature of Applicant (D) in College
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signature
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as may be permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to Inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.
Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."
FEDERAL REALTY OP, LP
Rebecca D. Walker
Signature of the Property Owner
Reberen I) Walker Title: Vice President, Head of Lugal-Real Estate
Printed Name of Property Owner
909 Rose Avenue, Suite 200, N. Bethesda, MD 20852 301-998-8371
Address of Property Owner Phone of Property Owner

# APPLICATION # 6

**Extract from Law:** If any affidavit or oath required under the provisions of this Act shall contain any false statements, the offender shall be deemed guilty of perjury. And upon indictment and conviction thereof shall be subject to penalties provided by law for that crime.

## STATE OF MARYLAND | MONTGOMERY COUNTY APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

(PLEASE PRINT OR TYPE IN INK)



■ New License 
☐ Transfer of Location ☐ Transfer of Ownership ☐ Reclassification

☐ Corporation ■ Limited Liability Company ☐ Partnership ☐ Individual

### To the Board of License Commissioners for Montgomery County:

**SECTION 1: LICENSE TYPE INFORMATION** 

B. Entity on Whose Behalf Application is

A. Nature of Application:

Application is made by the undersigned under the provisions of Alcoholic Beverages Article of the Annotated Code of Maryland, for an alcoholic beverage license and each applicant submits and certifies to the following information required by said article.

Made:												
C. Class of License Applied For: Class DBWL			D. Entity Name: JOSAM, LLC									
E. Types of Permits Applied For:		□ Tas	□ Tasting (\$200) □ Catering □ Outdoor Café □ Refillable Container									
(See Appendix A)			Retail Delivery 🗆 Sp	oirits for Cooking □ Wine Corkage								
F. Trade Name of Facility: KACHIS Seafood and Bar				G. Is Business a Franchise? ☐ YES ■ NO								
H. Address of Facility to be License 1341 University Blvd E., Takom												
SECTION 2: APPLICANT INFORM	IATIO	N										
Applicant A Name:	Birth		Personal Phone Nun									
Jorge Menendez Colocho	06/12	2/1983	н: 240-604-8095									
Full Address: 20209 Thunderhead Way, Gern	nantov	vn, MD 20874	Years at this Address 4 years	s: Years as Maryland Resident: 23								
Email Address: jmendmd@gmail.com	Sex: Male		Place of Birth: El Salvador	A								
If applicant is foreign-born, state:			1									
Immigration Card Number: 36998093		f Naturalized, City Saltimore/Maryla		Date of Naturalization: 5/20/2015								
Applicant B Name:	Birth		Personal Phone Number:									
Dinora Valladares	08/20	)/1974	н: 301-379-6378									
Full Address: 20209 Thunderhead Way., Gerr	manto	wn, MD 20874	Years at this Address 4	s: Years as Maryland Resident:								
Email Address: dvalladares01@icloud.com	Sex: Fema	ıle	Place of Birth: EL Salvador									
If applicant is foreign-born, state:												
Immigration Card Number: 43144323	I B	f Naturalized, City altimore / MD	//State:	Date of Naturalization: 10/21/2021								
			41									
Applicant C Name:	Birth	date:	Personal Phone Num	nber:								
			H:	С								
Full Address:			Years at this Address	Years as Maryland Resident:								
Email Address:	Sex:		Place of Birth:									
If applicant is foreign-born, state:					-							
Immigration Card Number:	1	f Naturalized, City	/State:	Date of Naturalization:								
ALOTE: ALL ADDITIONALE INVILLE	35 1450		TO DV THE LETTER A	D. OD C DDECEDURG THE DAY OF THE CO.	_							

## (NOTE: COMPLETE ONLY ONE SECTION FOR SECTIONS 3, 4, OR 5, AS APPLIES)

SECTION 3: CORPORATION INFORMA										
A. Qualifying Maryland Resident (Indicat			☐ Applicant A ☐	Applicant B   Applicant C						
B. Name and Full Address of Corporation	1:									
C. Incorporated Under State Laws of:			D. Month and Y	/ear:						
E. Authorized Capital:	F. Number of Sha	res Authorized:	G. Number of S	of Shares Issued:						
Stockholders (Include all layers equaling 1	00% owned by indiv	viduals and/or pub	licly traded, use ac	dditional sheet if necessary)						
Name (A):	Full Address:	•		Shares Owned:						
Name (B):	Full Address:			Shares Owned:						
Name (C):	Full Address:			Shares Owned:						
Corporate Officers:										
Name (A):	Full Address:			Title:						
Name (B):	Full Address:			Title:						
Name (C):	Full Address:			Title:						
SECTION 4: LIMITED LIABILITY CORPO	RATION INFORM	ATION		-						
A. Qualifying Maryland Resident (Indicate			nplicant A □ Applic	cant B □ Applicant C						
B. Name and Full Address of LLC:		C. Authorized F	Persons of LLC	inone Valladoused						
JOSAM, LLC 1341 University Blvd. E., Tak	oma Park, MD 2091	Jorge M	lenendez	nora Valladares & Colocho						
D. Organized Under State Laws of: Maryland		E. Month and Y 03/2018	'ear:							
Percentage of Ownership Interest of LLC (L		t if necessary):								
	Full Address: 2029 Thunderhead	Way, Germantow	ın, MD 20874	Percentage: 50%						
1 2	Full Address: 2029 Thunderhead	Way, Germantow	n, MD 20874	Percentage: 50%						
Name (C):	Full Address:			Percentage:						
SECTION 5: PARTNERSHIP INFORMAT	ION									
A. Name and Full Address of Partnership:										
C. Date on Which Partnership was Formed	d:	D. In Which State:		2						
Percentage of Ownership Interest of Partne	ership (Use addition	nal sheet if necessa	ary):							
Name (A):	Full Address:			Percentage:						
Name (B):	Full Address:			Percentage:						
Name (C):	Full Address:			Percentage:						
		_ a ! a .		"						
Indicate Who are the General Partners:		□ Applicant A I	🗆 Applicant B 🗆 Ap	plicant C						

¢	E	C	П	10	N	W	6	٠	F	C.	T	۸	E	2	IS	1	4	h	Æ	E	N	п	г	ı	ď	E	١ľ	2	N	Я	۸	T	ч	ň

A. Detailed description and total square footage of the portion of the building for which license is sought (ex. Free standing,									
located in strip mall, restaurant, seating, beer/wine, etc.): Appx 3,725 sqaure foot sit down restuarant on 1st floor of 2 story strip center									
B. Who Will be in Charge of Day-to-Day Op Dinora Valladares	perations (General Manager):								
C. Phone Number of Establishment: 301-434-9200	D. Type of Facility/Facility Concept: Sit down restaurant serving seafood and Salvadoran cuisine								
E. Date Applicant will Begin to Operate: April 1, えのシリ	F. Days and Hours of Operation: Sun - Thurs: 11:00 am - 12:00 am Fri & Sat: 11:00 am - 2:00 am								

## SECTION 7: LICENSE TRANSFER (COMPLETE ONLY IF TRANSFERRING A LICENSE)

A. Names of all Current License Holders:		B. Date Facility Began Operating:					
1)	)						
2)							
C. Location of Current Licensed Facility:	D. Location to Which License is Bei	ling Transferred:					

## **SECTION 8: LEASED PREMISES**

A. Name of Property Owner:	B. Phone Number of Property Owner:	C. Full Address of Property Owner:
Unilang Park Associates LP	703-578-4000	6031 Leesburg Pike, Falls Church, VA 22041
D. Date Lease Made: January 1, 2024		E. Date Lease Expires: December 31, 2034
F. State Renewal Options, if any: 1 Renewal option for 5 years		

## **SECTION 9: APPLICANT QUESTIONAIRE**

Has any applicant ever been:

2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?  3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  7. If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:  7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?  1. YES  1.		
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  18 YES = 18  19 YES = 19  19 YES = 19  19 YES = 19  10 YES = 19  11 YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:  20 Jorge Menendez Colocho, Omega Lounge, 1401 University Blvd. E., Hyattsville, MD 20783 (2015-207)  7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?  19 YES = 19  10 YES = 19  20 YES = 19  20 YES = 19  20 YES = 19  21 YES = 19  22 YES = 19  23 YES = 19  24 YES = 19  25 YES = 19  25 YES = 19  26 YES = 19  26 YES = 19  27 YES = 19  28 YES = 19  29 YES = 19  20 YES = 19  21 YES = 19  21 YES = 19  22 YES = 19  23 YES = 19  24 YES = 19  25 YES = 19  26 YES = 19  27 YES = 19  28 YES = 19  29 YES = 19  29 YES = 19  20 YES = 19  21 YES = 19	1. Convicted of a felony?	□ YES ■ NO
3. Found guilty of violating the laws for prevention and gambling in the State of Maryland or the United States?  4. Found guilty of any offense against the laws of the State of Maryland or the United States other than a minor traffic offense?  5. Has any applicant ever had a license for the sale of alcoholic beverages suspended or revoked?  6. Has any applicant ever had a license for the sale of alcoholic beverages?  If YES, state name of applicant, name of facility, address for which license was held, and the dates for which it was held:  Jorge Menendez Colocho, Omega Lounge, 1401 University Blvd. E., Hyattsville, MD 20783 (2015-207).  7. Does any applicant or person with an ownership interest in this facility have a financial interest in any other facility in Montgomery County or the State of Maryland where an alcoholic beverage license has been applied for, granted, or issued under the Alcoholic Beverages Article of the Annotated Code of Maryland?  If YES, state the name of the applicant, name and address of licensed premises and ownership and add the dates the licent was held:  8. Does any person other than the applicant(s) have any financial interest in this alcoholic beverage license applied for, or in the facility to be conducted under the current license?	2. Found guilty of violating the laws governing the sale of alcohol in the State of Maryland or the United States?	□ YES ■ NO
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applied for, or in the facility to be conducted under the current license?	was neig:	
		□ YES ■ NO
If YES, state name and the financial interest owned:		
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Address of Property Owner

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

Each of said applicants hereby certifies further that if the license applied for is granted, he/she will conform to all State and County laws and regulations relating to the sale of alcoholic beverages, as well as, to the rules and regulations of the Board of License Commissioners for Montgomery County, and herby grants permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.

Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document a true and correct to the best of my knowledge, information, and belief."
(A) Dily da Valladares (Feb 29, 2024 08:56 EST)
(B) Jorg Med Order colocho (Feb 29, 2024 08:55 EST)
Signature of Applicant
(C)
Signature of Applicant
(D)(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signatu
22. CERTIFICATE OF PROPERTY OWNER: I hereby certify that I am the owner of the property named in the foregoing application for an alcoholic beverage license and that I hereby consent to the use of the said property for the sale thereon of such alcoholic beverages as made permitted by law, and I do hereby grant permission to the State Comptroller, his duly authorized deputies, inspectors and clerks, the Board of License Commissioners for Montgomery County, its duly authorized agents and employees, and any peace officer of Montgomery County to inspect and search at any and all hours, without warrant, the premises and any and all parts thereof upon and in which said facility is to be conducted.  Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document a true and correct to the best of my knowledge, information, and belief."
see attached
Signature of the Property Owner
Printed Name of Property Owner
Printed Name of Property Owner

Phone of Property Owner

SULTE ALD VIENNA, VA, 22182

21. CERTIFICATE OF APPLICANTS: At least one applicant whose signature appears below certifies that he/she has is a resident and taxpayer of the State of Maryland; and further certifies that no manufacturer, brewer, distiller or wholesaler has any financial interest, directly or indirectly, in the premises or facility of the applicant; that the applicant will not hereafter convey or grant to such manufacturer, brewer, distiller, or wholesaler any such interest; and that the applicant at the time of making this application has no indebtedness or other financial obligation and will not hereafter incur any such indebtedness or financial obligation to any manufacturer, brewer, distiller, or wholesaler.

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(A)
Signature of Applicant
(B)
Signature of Applicant
(C)
Signature of Applicant
(D)
(FOR CORPORATION APPLICATIONS ONLY) Corporate President Signatur
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Affidavit:
"By signing this application, I do solemnly declare and affirm under the penalties of perjury that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief."  UNILANG PARK ASSOCIATES LIMITED PARTNERSUIT  GENERAL PARTNER
Signature of the Property Owner
JAY KATZEN
Printed Name of Property Owner
C/O RENAUD CONSULTING 703-404-2346
Address of Property Owner Phone of Property Owner
8605 WESTWOOD CENTER DRIVE